

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/700323

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				(1)		
4				(1)		
5			1			
6				1		
7			1			
8			1			
9			1			
10			1			
11			1			
12				1		
13				(1)		
14				(1)		
15				(1)		
16				(1)		
17				(1)		
18			1			
19			1			
20				1		
21				1		
22				1		
23				2		
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49						
50						
TOTAL IND.			10			
TOTAL DEP.			14			
TOTAL CLAIMS			24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS